
YEAR END SICKNESS ABSENCE 2017/2018

Purpose of Report

1. To inform Members of the Efficiency and Resources Scrutiny Committee of the sickness absence figures for 2017/18 and an overview of the plans for continuing support to our workforce.

Summary

2. The year-end outturn is 9.22 days (4.17%) per FTE, a reduction of 0.5 days from last year (9.7 days: 4.3%) and 0.32 days over target of 8.9 days.
Appendix 1 shows the headline figures in an “*at a glance*” format.
3. The Council continues to promote the health, safety and wellbeing of its employees through a number of initiatives and further plans are in place to support the wider wellbeing of our workforce to aid the reduction of sickness absence and increase resilience of employees to face the challenges ahead.

Recommendations

4. It is recommended that Members;
 - a. note the absence statistics detailed within this report including the 9.22 days year end outturn
 - b. note the proactive steps that are being taken to our wellbeing offer and supporting our managers to reduce absence

Paul Wildsmith
Managing Director

Background Papers

There was no background papers used in the preparation of this report.

Helen Whiting ext. 5469

S17 Crime and Disorder	This report has no implications for Crime and Disorder
Health and Well Being	This report notes the services provided to staff improve their health and wellbeing.
Carbon Impact	There are no issues which this report needs to address.
Diversity	There are no issues relating to diversity which this report needs to address

Wards Affected	The impact of the report on any individual Ward is considered to be minimal.
Groups Affected	The impact of the report on any individual Group is considered to be minimal.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision
One Darlington: Perfectly Placed	Action detailed in the report supports the Healthy Darlington aspect of the SCS.
Efficiency	Good absence management has a positive impact on efficiency.

MAIN REPORT

Year End Performance at a Glance

5. The year-end outturn is 9.22 days (4.17%) per FTE, a reduction of 0.5 days from last year (9.7 days: 4.3%) and 0.32 days over target of 8.9 days. **Appendix 1** shows the headline figures in an “*at a glance*” format.
6. This report does not provide narrative around last year’s performance but discussions can be picked up at the meeting. **Appendices 2 to 12** provide further analysis on the year-end outturn which may aid discussions;
 - a. Appendix 2 - % of the Workforce with Zero Absences
 - b. Appendix 3 – Absence by Service Group
 - c. Appendix 4 – Absence by Reason
 - d. Appendix 5 – Difference in days lost by absence reason (Comp. to 16/17)
 - e. Appendix 6 – Significant increase / reduction in absence reasons by AD
 - f. Appendix 7 – Long Term / Short Term Sickness Absence Analysis
 - g. Appendix 8 – Long Term Sickness Categories
 - h. Appendix 9 – Management Actions
 - i. Appendix 10 – Logged interventions
 - j. Appendix 11 – Absence by Age, Gender and Salary Profile and Stress Related absence profiles
 - k. Appendix 12 – Stress Related Absence by Quarter since 2013-14
7. Headlines from the Appendices include;
 - a. Stress continues to be the highest reason for absence, work related stress is less than non-worked related stress, and there is an overall reduction of work related stress – 35.3% v 64.7% (*47.3% v 52.7% in 2016/17*)
 - b. Stress related illness accounted for 28.9% of all absence (*26.4% in 2016/17*)
 - c. Days lost to work related stress per FTE has reduced by 0.27 days per FTE, (0.94 days)
 - d. The highest absence levels were in Adult’s Services at 14.74 days per FTE, this is a reduction of 0.11 days from 16/17
 - e. Children and Adults Services as a whole have seen a reduction of 0.54 days per FTE compared with 16/17, the largest of all Service Groups
 - f. Attendance rate has marginally increased, 95.8% v 95.7%
 - g. Zero absence rate has increased, 45.4% v 43.0%
 - h. Number of employees taking one day of absence or less has increased (123 employees v 109 employees)
 - i. Compassionate management cases have reduced 9.2% v 11.1% of all absence
 - j. Long term absences (>20 days) have increased slightly 52.2% v 52.1%
 - k. Short Term absences (<20 days) are again less than long term absence, and stands at 47.8% v 47.9%
 - l. Days lost by age is highest for 65+ (21.1 days per FTE), however, only 15 employees fall into this category and the age group still maintains the highest zero absence.

- m. Absence levels across the Tees Valley remain high, at an average of 9.65 days, DBC ranks third behind Redcar (8.32 days) and Stockton (8.70 days). Full details can be seen in **Appendix 1**.

Continuation of Well-being and Interventions to Reduce Absence Rates

8. Following the success of the 2016/17 wellbeing programme, HR continued with wellbeing activities and events with the assistance of other services / teams. Collectively we engaged with 845 employees with over 25 different sessions.
9. Alongside the events we have also continued the visual awareness of wellbeing advice via topical monthly Occupational Health (OH) briefs.
10. The new flexi time policy was implemented in March 17, feedback continues to be positive and the features such as, removal of core hours is reported to assist employees work life balance whilst maintaining service provision.
11. Awareness raising of absence statistics is improving, although, anecdotal evidence suggests there is still work to do. In April 17, absence dashboards were launched with the aim of being more engaging, hopefully encouraging managers to discuss at team meetings. These absence sheets are now going to a wider audience with all levels of management included. Feedback on the dashboards has been positive.
12. The Children's Services agile working project is now complete and embedded. Days lost per FTE to stress related illness within Children's Services in 2016/17, was 6.1 days, 65% of this was deemed work related, in 2017/18 that figure was 3.9 days, with 32% work related. Although, high compared to the Council average 2.67 days, of which 35% is work related, this is a real step in the right direction of which the ability to work in an agile manner may have assisted.
13. Agile working continues to be rolled out, Adult Services front line officers are the next large cohort to receive tablets / laptops to enable agile working. It is hoped that by enabling employees to be more effective and productive, it will reduce pressure and stress on teams and give opportunities for a better work life balance, alongside other interventions and strategies. Feedback from users of agile technology is positive although, care needs to be taken to ensure that employees are able to 'switch off' out of hours which can lead to negative impacts.
14. Following its launch in November 2017, The Mental Health Awareness Sessions for Managers continue to be popular, over 100 Managers have attended the sessions to date. As well as raising awareness, the 'Lite' course helps Managers to spot signs at an early stage, whilst providing advice on supporting colleagues with mental health issues and sign posting for professional advice if necessary. Feedback from managers has been positive and the sessions will run until June 2019. There is also an AC10 module available to Managers to support and reinforce their learning.
15. There has been increased assistance from HR with regards to interventions, the logging of these is also now more robust. As demonstrated in **Appendix 10**,

the numbers of sickness absence reviews and Occupational Health appointments have been steadily rising since April 17, Q1 -116, Q2 - 184, Q3 208 and Q4 - 272.

16. This is particularly evident in Adults Services where there were 26 logged interventions in Q1 compared to 66 in Q4. It is also worth noting that absence levels during Q4 in Adults, are the lowest they've been since we began recording absence by AD in 2012/13. This trend has continued into April 18 where absence levels within the Division are the lowest they have been since 2013/14.
17. We aim to ensure that employees are aware of the services that are available to them. This includes the support available from Physiotherapy and Counselling providers, signposting options to local agencies and charities for a range of issues from mental health, financial advice, as well as, the local terms and conditions offer. The employee benefits video continues to be used widely across wellbeing events, induction and recruitment processes. It is pleasing to report the video is well received. We are holding an Employee Benefits Market Place event in June 2018 to widen the awareness of our offer further.
18. Absence levels have reduced slightly this year, however, it is not possible to identify that the reduction is a result of the wellbeing campaigns and interventions over a short space of time. It may take a few years of sustained reduction to provide this evidence.
19. It is not however, sufficient to continue to watch our absence outturns to determine the wellbeing of our workforce. Culture and work pressures are a powerful indication of employee behaviours and addressing stress related absence is not necessarily going to be combatted without addressing the root cause of issues, regardless of softer wellbeing initiatives implemented.
20. Unmanageable workloads are nationally recognised in the public sector (*CIPD Health and Wellbeing at Work Report 2018*) to be the greatest cause of stress at work. There is also a reported increase of leaveism (employees using allocated time off to work) and presenteeism (people working whilst unwell).
21. Locally, positivity can be taken from the results of the 2018 employee survey. In 2014; 29 employees strongly agreed that the Council supports their health and wellbeing, and 36 employees strongly agreed that their service supported their health and wellbeing.
22. In 2018, figures for the same questions are 148 and 160 employees agreeing positively, giving an 85.3% and 84.5% agreement rate. This demonstrates that employees value the additional support we are providing in this area, which in turn, along with the positive results from the other questions in the survey, should contribute to a more motivated, loyal and productive workforce.
23. Areas to watch relating to workload include the employee survey questions "*I can do what I believe I need to get done in my contractual hours*" (73% employees agreeing) and "*I do not feel that I have to rush in order to deliver within specified deadlines*" (56% employees agreeing). These questions out-turned a good improvement on the 2014 responses however, there are some

teams that have high percentages of disagreement. Individual team results are available to AD's to consider.

Where Next?

24. It is proposed that the softer side of WB activities will continue and expand where possible. The results of the employee survey are positive in all of the themes; Leadership, Communication, Change, Values and Wellbeing. Wellbeing has an integral link with all areas, to reduce this focus may impact on wider motivation and engagement strategies.
25. Since 14/15, absence has always peaked in Q3, in most years. Q3 generally sees increases in Stomach, Liver Kidney and Infections and these absences continue to rise again in Q4. For the last 4 years, Stress related absence has peaked in Q3, this can be seen in **Appendix 12**. It is proposed that we carry out a number of targeted wellbeing events in the run up to Q3 around stress prevention. Further analysis can also be carried out to see if any particular areas are disproportionately affected during these months and targeted action plans can be put in place.
26. We need to continue to create a culture where wellbeing, mental health and healthy lifestyles need to be openly discussed, promoted and supported, linked to strategies and policies.
27. Following the 2018 Employee Survey, employee focus groups and other actions will be arranged to help engage and motivate employees and asking for assistance in shaping strategies to create more outcomes in the future.
28. As agile working becomes more widely available, it would be useful to explore the correlation between agile / flexible working and absence rates. It is currently too early to explore impact in the Council. A recent *APSE Survey* asked whether hot desking and / or agile working has impacted on absence figures. Many Council's reported that it was too early to identify impacts, however, a couple reported that agile working had certainly assisted with team flexibility and this was reported to assist with reduced absence in some teams. Hot desking and impact on absence had mixed reviews and experiences.

Stress Related Absence

29. As stress related absence is our highest reason of sickness, a closer look at the figures is wise. **Appendix 12** has further analysis on stress related absence including split by work related and personal related absence and then further by team, gender, and salary. **Appendix 13** shows the stress related absence by quarter from 2015, as detailed above. Q3 seems to be a peak for stress related absence each year.
30. The figures in the appendices are based on what employees perceive to be the reason for their stress related absence. The split between work related stress absence and personal stress absence is not always clear and the lines between people's work and domestic responsibilities are often blurred. Many people find it hard to leave their stress at the office or home and as an employer we need to be aware of the complexity of individuals and tailor support to ensure that we

maintain an engaged and healthy workforce. We already use numerous methods of support to maintain attendance at work or assist employees back into the workplace following stress related absence. Engaging employees in wellbeing awareness and resilience is also now embedded into our programme of training delivery and support.

31. Looking at **Appendix 11** the highest percentage of work related stress in 2017/18 is within Economic Growth however, the highest percentage of personal stress is within Neighbourhood Services. Interestingly, males have reported greater work related stress than females in 2017/18 (53%) whereas, females have reported greater personal stress (69%). Personal stress in females is also greater in the lower age groups up to age 39 (87%). Between the ages of 50-59 female personal related stress is 74% whereas males in the same age category report 26% personal related stress. This may be linked to female health issues around this age and increasing carer duties for elderly parents which traditionally females take on.
32. Further analysis of **Appendix 11** and raw absence data shows that in 2017/18, those earning between £35k and £45k (core management / professional level) took on average 9.17 days off. Stress related absence accounted for 41% of this, 12% more than the Council average. 63% of the 587 days were considered work related; (28% higher than Council average).
33. Comparing the local figures with nationally reported trends the data is interesting. Looking at male and female split, according to *Perkbox's 2018 UK Workplace Stress Survey*, the most stressed worker in the UK is a 25-34 year old male living in Cardiff, Wales. In this survey, men are significantly more likely to report experiencing work related stress than females, which is the same finding to the Council data for 2017/18. National and Local Government were ranked second in the category of industries to most likely to experience work related stress.
34. A recent CIPD study revealed that an increased tendency to work unpaid overtime and the 'always on' digital culture in workplaces is negatively affecting managers' wellbeing. The study reports, 1 in 10 of the managers surveyed had taken time off work for mental health issues in the past year, for an average of 12 days.
35. Absence management needs to continue to be firmly identified as a priority for all managers. HR are stepping up on monitoring absence alongside managers and prompting action where this is not been taken. This is time consuming and resource heavy, but is likely to be having a positive impact on the absence figures, as already demonstrated within Adults Services.
36. The manager's programme has a dedicated session on stress and raises the profile of stress risk assessments and gives managers the ability to undertake an assessment in a safe environment. The sessions have been welcomed and there is an increase in the use of stress risk assessments in a timely manner.
37. The 2017 H&S culture survey lightly touched on wellbeing the same way as the recent employee survey has done but this has not explored specific stress

issues. As stress is an ongoing concern a wellness survey which will take into account the HSE standards relating to stress will be undertaken in Autumn 18.

38. Clarity around promoting and branding the wellness survey will be needed on what we do with the results and why we want them; for example, do we want this to simply be a temperature check to reinforce and evidence absence results? Questions could also look at lifestyle to gauge the physical health and resilience of our workforce which could then determine opportunities to introduce further softer wellbeing activities around physical exercise as this is proven in the clinical world to assist with productivity and resilience.
39. Work is currently underway reviewing the offer from the OH service to ensure that it fits with our absence priorities and is efficient.

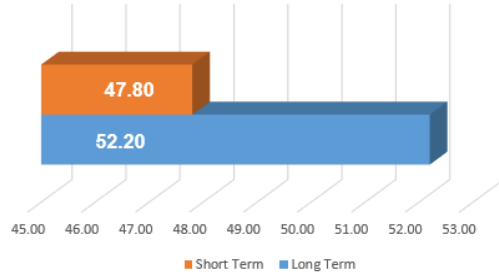
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SICKNESS ABSENCE AT A GLANCE

Absence Outturn for 2017/18 = 9.22 days per FTE

Overall 25 wellbeing events have engaged with 845 employees


Long Term and Short Term Absence %



Total FTE days lost = 12,742.49

Year End Outturns (FTE Days)	
NS&R	8.22
Eco.G	7.27
C&A	11.31
Total	9.22 days

Tees Valley (TV) Comparisons	
Darlington	9.22 days
Stockton	8.70
M'Boro	10.96
Redcar	8.32
H'pool	11.05
Average across TV = 9.65 days	



Compassionate Management Cases

1178.54 days
(9.3% of all absence)
2016/17

1518.89 days
(11.1% of absence)

Nearly 800 Occupational Health / HR inventions and support meetings have taken place in 2017/18 to support absence.
(based on those recorded)

Please ensure that all absence meetings are recorded and copied to HR for filing

CAN'T MAKE IT?
DON'T NEED IT?

Physiotherapy & Counselling services must have at least 24 hours' notice of your cancellation during working hours, otherwise your service is charged

Please help us reduce costs by telephoning the provider when you cannot attend your appointment


DNA's where Council is charged 2017/18

Occupational Health	Physiotherapy	Counselling
57 sessions 9%	73 sessions 8.3%	33 sessions 7%

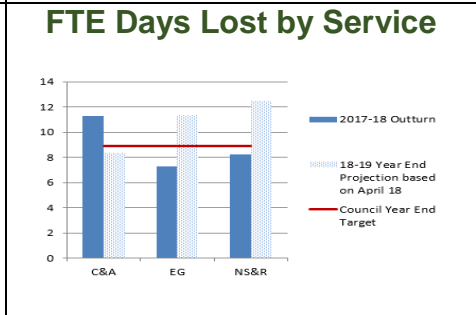
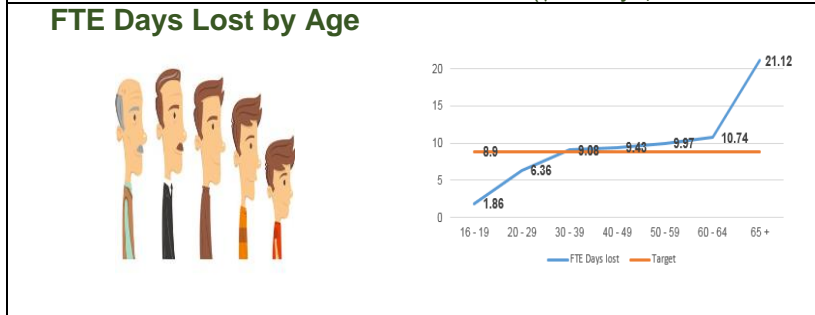
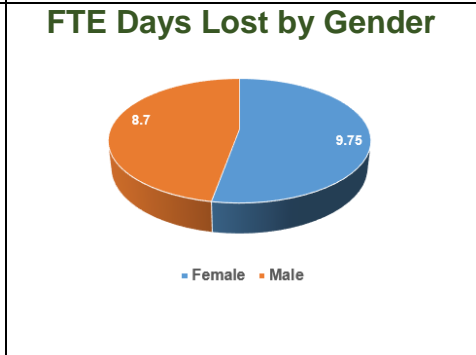
Absence Rates and Trends for 2017/18

ATTENDANCE RATE 95.8%	ZERO ABSENCE 45.4% Employees had no absence	123 employees had 1 days absence And below
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Reductions in Absence



- Other Musculo-skeletal (↓760 days)
- Back / Neck (↓386 days)
- Gento-urinary, Gynaecological (↓98 days)
- Neurological (↓80 days)
- Pregnancy Related (↓57 days)
- Stomach, Liver, Kidney, Digestion (↓48 days)
- Infections (↓42 days)



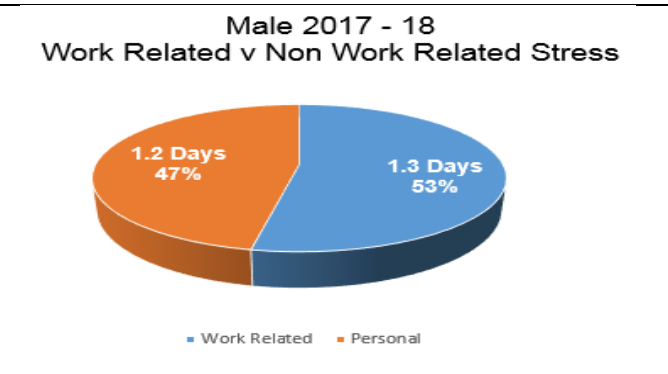
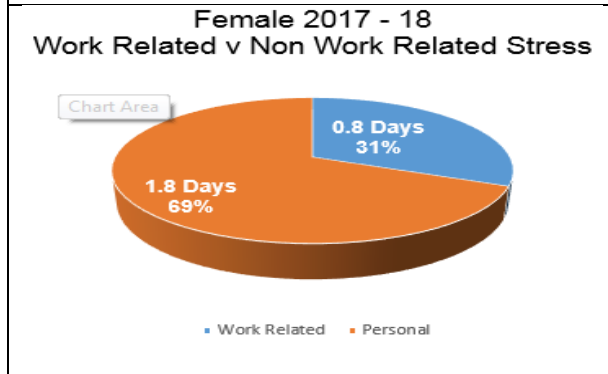
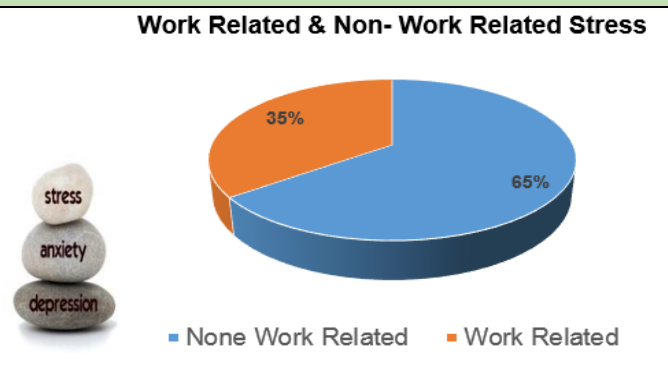
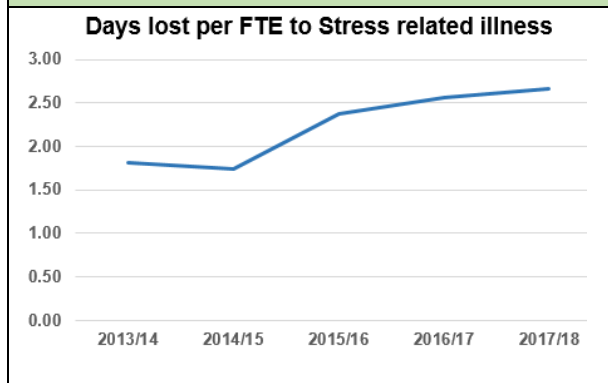
**Have you seen the Latest OH Briefs ?
See them all on the Intranet**



Good to Know – What's in your Absence toolkit ?

Flexi time Phased returns 121's Stress Risk Assessments Regular Breaks Resilience Techniques Workload reviews Coaching Team Building	Flexible working Agile working Counselling Physiotherapy Email management Occupational Health Training Time Management Mentoring
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Spotlight on Stress Statistics 2017/18



Stress, Depression and Mental Health is the Highest Absence Reason in the Council

In the last 12 months the number of working days lost to stress, depression and mental health makes up 28.9% of all absence (increase by 0.1 days Per FTE on 2016/17)

Nationally 12.5 Million days were lost because of work-related stress, depression and anxiety in 16/17

Service Group	Days lost - All stress per FTE (16/17)	Days lost to WR stress per FTE (16/17)
Childrens & Adults	3.51 (3.59)	1.48 (1.70)
Economic Growth	1.95 (1.30)	1.13 (0.95)
NS&R	2.24 (2.07)	0.50 (0.89)
Total	2.67 (2.56)	0.94 (1.21)

In 2017/18 Work Related Stress Absence in the Council was higher in Males than Females and dominant in the age group of 50-59

Age	Female		Male	
	Work Related % of all Stress	Personal % of all Stress	Work Related % of all Stress	Personal % of all Stress
16-19	0.0	100.0	N/A	N/A
20-29	4.9	95.1	95.9	4.1
30-39	16.4	83.6	40.8	59.2
40-49	33.1	66.9	43.3	56.7
50-59	25.8	74.2	73.1	26.9
60-64	33.3	66.7	56.1	43.9
65+	0.0	100.0	0.0	100.0

?? What do you think you could do to address your stress ??

Well Being results from the Employee Survey

Great News over 19% improvement on well being score compared to 2014

HEALTH & WELLBEING

93% are clear about our role(s) and responsibilities and **93%** understand others' roles. **88%** have some say about how our work is done and **90%** feel that our team(s) work well together.

HEALTH & WELLBEING

85% feel that the Council supports their wellbeing**84%** feel that their service supports their wellbeing.

Where Next ?

Wellbeing comes in many forms. What will you pledge for yourself and others? Here is just a few ideas. You will probably have more so please share them.

- Walking meetings
- Regular 121's that discuss stress, mental health and concerns freely
- Take regular lunch breaks and breaks that you are entitled to
- Walk the stairs instead of the lift
- Park your car a little further away from work and walk
- Sleep well
- Eat well
- Explore your stress pressures / indicators and ways to relieve your stress
- Drink more water
- Attend only aspects of meetings that you have an active involvement in or are required to attend
- Explore time management techniques
- Maximise technology to assist you to maximise your time – for example, learn a new skill to manage you emails.

APPENDIX 2

% of the workforce had zero absences during 2017/18 Head count Exc. Casuals, salary range is FTE salary (16/17)

Gender	Average Headcount	Headcount with Zero absence	% Zero sickness absence
Overall	1628.5	739	45.4 (43.0)
Female	1028.5	439	42.7 (40.6)
Male	600	300	50.0 (47.1)

Department	Average Headcount	Headcount with Zero	% Zero sickness absence
Neighbourhood Services & Resources	817	383	46.9 (41.1)
Economic Growth	220	98	44.6 (50.5)
Children and Adult's Services	591.5	258	43.6 (42.2)

Salary Range £	Average Headcount	Headcount with Zero absence	% Zero sickness absence
< 12,145	15	5	33.3 (31.3)
12,145 - 14,999	1.5	1	66.7 (34.5)
15 - 19,999	587	266	45.3 (38.5)
20 - 24,999	366	148	40.4 (38.9)
25 – 29,999	294.5	119	40.1 (43.5)
30 – 34,999	146.5	72	49.2 (49.7)
35 – 39,999	92	57	62.0 (59.6)
40 – 44,999	77.5	48	61.9 (67.5)
45 – 49,999	15	6	40.0 (58.8)
50,000 +	33.5	17	50.8 (68.9)

Age range	Average Headcount	Headcount with Zero absence	% Zero sickness absence
16-19	21.5	11	51.2 (43.2)
20-29	146	71	48.6 (38.6)
30-39	348	137	39.4 (37.8)
40-49	437	196	44.9 (45.1)
50-59	527.5	232	44.0 (42.9)
60-64	116	70	60.3 (53.0)
65+	32.5	22	67.7 (61.3)

PT / FT	Average Headcount	Headcount with Zero Absence	% Zero sickness absence
Part Time	588	289	49.2 (41.3)
Full Time	1040.5	450	43.3 (44.0)

APPENDIX 3

Sickness Absence information by Service Group 2017/18

Absence Summary - March 2018 Cumulative

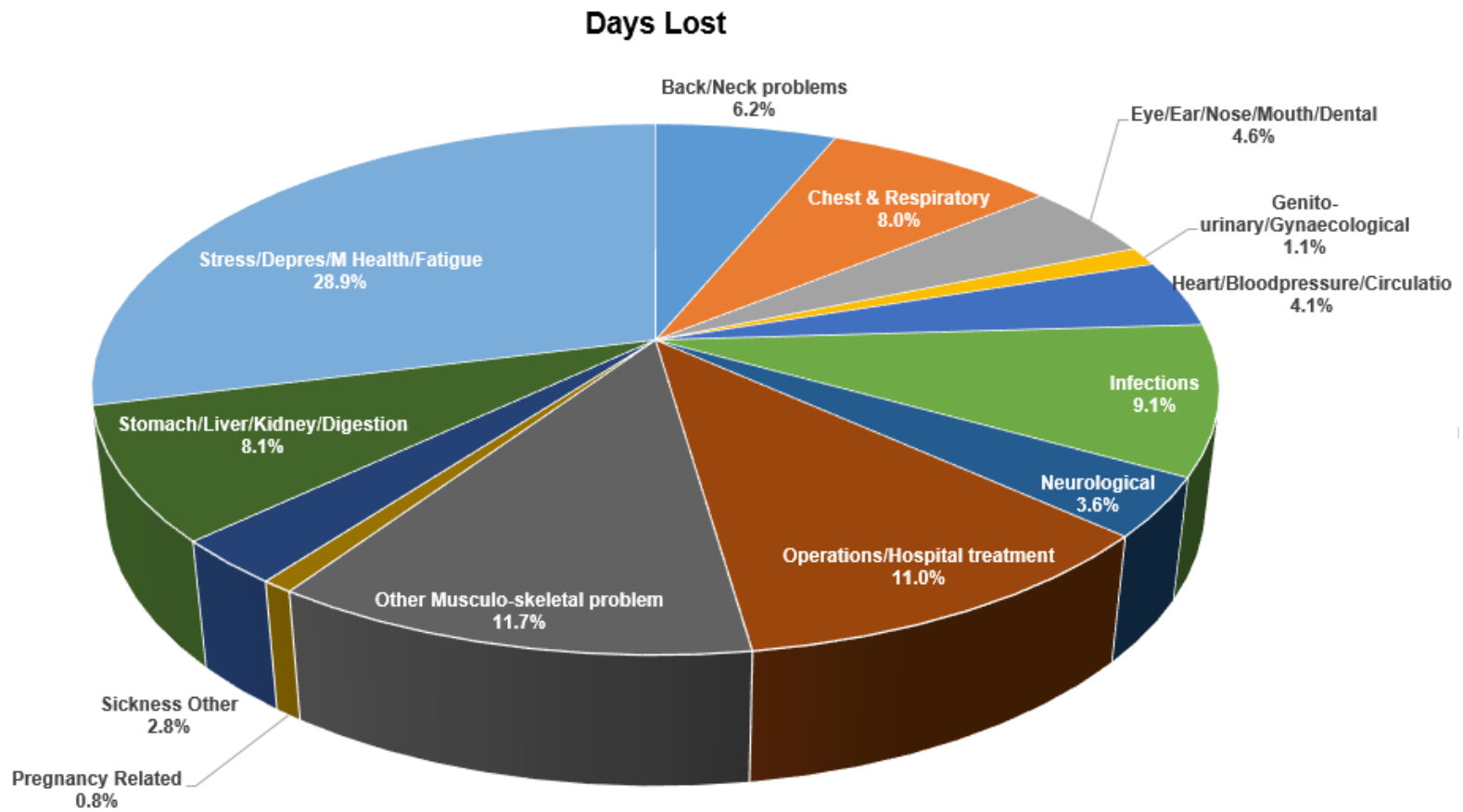
Council Target 17/18 - 8.90 days per FTE

Group / Division	Total working days lost April 16 - March 2017	Days lost per FTE April 16 - March 2017	FTE Average 2017/18	Total working days lost April 17 - March 18	Days lost per FTE April 17 - March 18	% of Working Days lost April 17 - March 18	Variation from previous year (days lost per FTE)	Monthly cost of Absence	Year to Date cost of absence
Neighbourhood Services & Resources	5911.83	8.64	692.98	5696.89	8.22	3.72	-0.42	£ 58,345	£ 607,020
Community Services	3206.07	10.71	304.76	2424.95	7.96	3.60	-2.75	£ 23,325	£ 239,771
Finance, Human Resources & Systems	407.40	6.12	71.26	276.36	3.88	1.75	-2.24	£ 1,823	£ 36,903
Housing and Building Services	2030.41	8.01	250.17	2646.29	10.58	4.79	2.57	£ 25,842	£ 277,728
Law and Governance	247.45	4.87	50.62	311.29	6.15	2.78	1.28	£ 5,479	£ 43,231
Communications, CD & DP	20.50	1.62	14.17	31.00	2.19	0.99	0.57	£ -	£ 4,634
Economic Growth	1365.69	7.34	185.63	1349.87	7.27	3.29	-0.07	£ 15,724	£ 176,514
Economic Initiative	227.90	7.68	29.76	157.81	5.30	2.40	-2.38	£ -	£ 25,733
Transport and Capital Projects	739.54	7.56	97.25	681.20	7.00	3.17	-0.55	£ 12,088	£ 85,224
Regulatory Services	398.25	6.93	57.62	510.86	8.87	4.01	1.94	£ -	£ 65,556
Children and Adults	6422.92	11.85	503.62	5695.73	11.31	5.12	-0.54	£ 56,879	£ 790,716
Adults Social Care	2311.86	14.85	153.73	2265.24	14.74	6.67	-0.11	£ 17,002	£ 294,096
Commissioning, Performance & Transformation	622.09	5.68	88.80	565.62	6.37	2.88	0.69	£ 389	£ 68,582
Public Health	14.12	2.57	5.11	7.00	1.37	0.62	-1.20	£ -	£ 1,540
Children's Services	2790.19	14.50	173.81	2158.79	12.42	5.62	-2.08	£ 25,978	£ 316,703
Educational Services (Excludes Schools)	684.66	8.79	81.17	699.08	8.61	3.90	-0.18	£ 13,510	£ 109,795
Authority Total (excluding schools)	13703.44	9.70	1382.23	12742.49	9.22	4.17	-0.48	£ 130,948	£ 1,574,250

Includes Business Support and (all of former OPU up to Dec 16)

Includes Customer Services and Property Services

Sickness Absence by Reason 2017-18



APPENDIX 5

Difference in days lost by absence reason in comparison to 2016-17

Sickness Reasons	2017/18	2016/17	2017-18	2016/2017 v 2017/2018	
	FTE Days Lost	FTE Days Lost	Occasions of absence (16-17)	Variance in days lost	
				-	+
Operations, Hospital Treatment	1402.7	1039.5	71 (56)		363.2
Heart, Blood Pressure, Circulation	524.2	417.7	23 (19)		106.5
Stress, Depression, Mental Health, Fatigue	3686.5	3617.2	199 (187)		69.3
Chest Respiratory	1013.7	976.3	97 (126)		37.4
Neurological	548.0	538.0	134 (158)		9.9
Eye, Ear, Nose, Mouth/Dental	587.6	590.8	133 (160)	3.3	
Sickness Other	351.6	390.7	28 (38)	39.1	
Infections	1156.5	1196.4	385 (373)	39.9	
Stomach, Liver, Kidney, Digestion	1057.1	1103.7	437 (482)	46.7	
Pregnancy Related	99.1	155.9	25 (20)	56.8	
Gentio-urinary, Gynaecological	146.5	244.7	24 (50)	98.2	
Back Neck	791.8	1178.1	94 (111)	386.2	
Other Musculo-skeletal	1492.0	2252.3	127 (162)	760.2	

Significant increase / reduction in absence reasons by AD 2017/18

AD Area	FTE	Total Days Lost	Total Days FTE lost 2017/18 (16/17)	Variance	Significant increase / reduction in absence reasons (variation of more than 20 FTE days)
Building Services (Including Property)	88.84	858.49	9.66 (3.93)	+5.73	Stress, Depression, Mental Health, Fatigue (169.41) Back, Neck (117.48) Chest, Respiratory (108.01) Other Musculo-skeletal (75.01) Infections (52.49) Operation, Hospital Treatment (-20.00)
Law and Governance	50.62	311.29	6.15 (4.87)	+1.28	Stress, Depression, Mental Health, Fatigue (68.62) Other (30.67)
Revs and Bens, Housing and Customer Services	161.33	1787.80	11.08 (10.28)	+0.80	Stress, Depression, Mental Health, Fatigue (276.63) Operation, Hospital Treatment (157.59) Chest, Respiratory (108.99) Neurological (72.49) Heart, Blood Pressure, Circulation (-26.50) Stomach, Liver, Kidney (-29.48) Gentio-urinary, Gynaecological (-39.80) Eye, Ear, Nose, Mouth/Dental (-42.15) Back, Neck (-106.92) Other Musculo-skeletal (-271.65)
Commissioning, Performance and Transformation	88.80	565.62	6.37 (5.68)	+0.69	Operation, Hospital Treatment (91.00) Stress, Depression, Mental Health, Fatigue (22.63) Eye, Ear, Nose, Mouth/Dental (-23.00) Gentio-urinary, Gynaecological (-23.01) Neurological (-52.97) Pregnancy Related (-64.50)
Strategy Performance and Communications	14.17	31.00	2.19 (1.62)	+0.57	

Adults Services	153.73	2265.24	14.74 (14.85)	-0.11	Stress, Depression, Mental Health, Fatigue (435.89) Operation, Hospital Treatment (146.84) Pregnancy Related (26.76) Other (-21.92) Stomach, Liver, Kidney (-35.07) Gentio-urinary, Gynaecological (-42.00) Heart, Blood Pressure, Circulation (-62.98) Infections (-134.19) Back, Neck (-219.69)
Education	81.17	699.07	8.61 (8.79)	-0.18	Eye, Ear, Nose, Mouth/Dental (157.31) Infections (45.82) Operation, Hospital Treatment (41.68) Other Musculo-skeletal (39.09) Back, Neck (-46.47) Other (-50.68) Stress, Depression, Mental Health, Fatigue (-166.44)
Cultural Services	148.63	709.27	4.77 (5.47)	-0.77	Stomach, Liver, Kidney (56.39) Gentio-urinary, Gynaecological (43.44) Operation, Hospital Treatment (32.17) Eye, Ear, Nose, Mouth/Dental (21.21) Pregnancy Related (-21.12) Back, Neck (-47.64) Other Musculo-skeletal (-52.25) Stress, Depression, Mental Health, Fatigue (-56.27)
Public Health	5.11	7.00	1.37 (2.57)	-1.20	
Children's Services	173.81	2158.79	12.42 (14.50)	-2.08	Operation, Hospital Treatment (98.20) Heart, Blood Pressure, Circulation (68.16) Infections (57.31) Other (56.38) Stomach, Liver, Kidney (-21.75) Back, Neck (-32.57) Neurological (-47.98) Gentio-urinary, Gynaecological (-54.73) Other Musculo-skeletal (-247.35) Stress, Depression, Mental Health, Fatigue (486.05)

Finance & HR	71.26	276.36	3.88 (6.12)	-2.24	<p>Operation, Hospital Treatment (21.18)</p> <p>Chest, Respiratory (-36.14)</p> <p>Stress, Depression, Mental Health, Fatigue (-40.68)</p> <p>Other Musculo-skeletal (-67.63)</p>
Economic Initiative	29.76	157.81	5.30 (7.68)	-2.38	<p>Stress, Depression, Mental Health, Fatigue (-30.73)</p> <p>Infections (-46.41)</p>
Transport and Capital Projects	97.25	681.20	7.00 (7.56)	-0.55	<p>Stress, Depression, Mental Health, Fatigue (80.60)</p> <p>Heart, Blood Pressure, Circulation (33.81)</p> <p>Stomach, Liver, Kidney (32.88)</p> <p>Gentio-urinary, Gynaecological (29.00)</p> <p>Eye, Ear, Nose, Mouth/Dental (-21.33)</p> <p>Chest, Respiratory (-26.22)</p> <p>Back, Neck (-44.10)</p> <p>Neurological (-50.07)</p> <p>Other Musculo-skeletal (-84.76)</p>
Environmental Services (Including Quality)	156.04	1715.68	11.00 (15.24)	-4.24	<p>Heart, Blood Pressure, Circulation (109.91)</p> <p>Stomach, Liver, Kidney (-26.58)</p> <p>Eye, Ear, Nose, Mouth/Dental (-47.59)</p> <p>Infections (-71.02)</p> <p>Other Musculo-skeletal (-89.27)</p> <p>Chest, Respiratory (-140.11)</p> <p>Operation, Hospital Treatment (-170.19)</p> <p>Stress, Depression, Mental Health, Fatigue (-252.20)</p>

Long Term/Short Term Sickness Absence Analysis 2017-18

		Short Term / Long term %				2017/2018
		Q1	Q2	Q3	Q4	ST/LT
Neighbourhood Services and Resources Group	ST	60.0	45.0	54.0	49.3	51.7
	LT	40.0	55.0	46.0	50.7	48.3
Economic Growth	ST	59.0	45.4	48.5	57.9	52.2
	LT	41.0	54.6	51.5	42.1	47.8
Children & Adults Services	ST	47.5	46.8	41.7	51.0	42.9
	LT	52.5	53.2	58.3	59.0	57.1
TOTAL	ST	51.8	45.8	47.5	47.0	47.8
	LT	48.2	54.2	52.5	53.0	52.2

Long Term/Short Term Sickness Absence Analysis 2016-17

		Short Term / Long term %				2016/2017
		Q1	Q2	Q3	Q4	ST/LT
Neighbourhood Services and Resources Group	ST	53.1	48.6	49.3	57.1	52.2
	LT	46.9	51.4	50.7	42.9	47.8
Economic Growth	ST	73.4	44.6	56.2	48.1	52.3
	LT	26.6	55.4	43.8	51.9	47.7
Children & Adults Services	ST	43.1	37.8	37.0	52.3	42.9
	LT	56.9	62.2	63.0	47.7	54.7
TOTAL	ST	51.2	42.4	44.5	54.0	47.9
	LT	48.8	57.6	55.5	46.0	52.1

APPENDIX 8

Long Term Sickness Categories 2017/18

Service Group	Absent	Number of Employees				Total
		4 weeks – 3 months	3 -6 months	6 - 12 months	over 12 months	
NS&R	No. of new employees (Inc. those still off from 16/17)	17	2	0	0	19
	Number of new employees to category Q2	7	7	2	0	16
	Number of new employees to category Q3	14	8	3	0	25
	Number of new employees to category Q4	16	10	3	0	29
Economic Growth	No. of new employees (Inc. those still off from 16/17)	2	0	1	0	3
	Number of new employees to category Q2	3	1	0	0	4
	Number of new employees to category Q3	5	1	1	0	7
	Number of new employees to category Q4	3	1	0	0	4
Children & Adults Services	No. of new employees (Inc. those still off from 16/17)	18	10	3	0	31
	Number of new employees to category Q2	11	3	1	1	16
	Number of new employees to category Q3	16	10	0	0	26
	Number of new employees to category Q4	7	2	0	0	9
Total	No. of new employees (Inc. those still off from 16/17)	37	12	4	0	53
	Number of new employees to category Q2	21	11	3	1	36
	Number of new employees to category Q3	35	19	4	0	58
	Number of new employees to category Q4	26	13	3	0	42

Management Actions 2017/18

		Neighbourhood Services and Resources Group	Economic Growth	Children & Adults Services	Total
Review Meetings	Q1	50	6	19	75
	Q2	73	11	43	127
	Q3	55	21	58	135
	Q4	86	21	77	184
	Total	264	59	197	520
Medical Appointments	Q1	20	2	19	41
	Q2	20	5	32	57
	Q3	31	10	32	73
	Q4	31	8	49	88
	Total	102	25	132	259
Disciplinary Capability Actions	Q1	0	0	3	3
	Q2	0	0	3	3
	Q3	3	1	0	4
	Q4	1	0	2	3
	Total	4	1	8	13
Disciplinary Capability Dismissals	Q1	0	1	0	1
	Q2	0	0	2	2
	Q3	1	0	0	1
	Q4	0	0	0	0
	Total	1	1	2	4
Ill Health Retirements	Q1	0	0	1	1
	Q2	0	0	0	0
	Q3	1	0	1	2
	Q4	0	0	0	0
	Total	1	0	2	3
Total Number of Interventions Q1–Q4		372	86	341	799
% of interventions compared to No. of emps in Dept (Headcount Exc. Casuals)		45.7	39.1	57.7	49.1

APPENDIX 10

Logged Interventions 2017/18

Division	Occupational Health	Absence Review Meetings	Total Interventions	FTE Average 2017/18	Total working days lost April 17 - March 18	Days Lost per Intervention	Days lost per FTE April 17 - March 18
Public Health	1	0	1	5.11	7.00	7.00	1.37
Community Services	64	173	237	304.76	2449.80	10.34	8.04
Adults Social Care	59	127	186	153.73	2265.24	12.18	14.74
Law and Governance	9	15	24	50.62	311.29	12.97	6.15
Transport and Capital Projects	16	36	52	97.25	681.20	13.10	7.00
Economic Initiative	1	7	8	29.76	157.81	19.73	5.30
Commissioning, Performance & Transformation	11	15	26	88.80	565.62	21.75	6.37
Regulatory Services	8	15	23	57.62	510.86	22.21	8.87
Children's Services	47	43	90	173.81	2158.79	23.99	12.42
Educational Services (Excludes Schools)	14	12	26	81.17	699.08	26.89	8.61
Housing and Building Services	26	70	96	250.17	2646.29	27.57	10.58
Finance, Human Resources & Systems	3	7	10	71.26	276.36	27.64	3.88
Communications, CD & DP	0	0	0	14.17	31.00	Nil Interventions Recorded	2.19
Division	Occupational Health	Absence Review Meetings	Total Interventions	FTE Average 2017/18	Total working days lost April 17 - March 18	Days Lost per Intervention	Days lost per FTE April 17 - March 18
Children & Adults	103	267	370	503.62	5695.73	15.39	11.31
Economic Growth	25	58	83	185.63	1349.87	16.26	7.27
NS&R	131	195	326	692.98	5721.74	17.55	8.26
Council	259	520	779	1382.23	12767.34	16.39	9.24

APPENDIX 11

Absence by Profile 2017/18

Age Band	Days lost per FTE (15/16)	Top reason for absence	2 nd Highest Absence Reason	3 rd Highest Absence Reason
16 -19	1.9 (4.4)	Stomach/Liver/Kidney/ Digestion	Infections	Eye/Ear/Nose/Mouth/Dental
20 – 29	6.4 (7.4)	Stress/Depres/Mhealth/ Fatigue	Back/Neck problems	Stomach/Liver/Kidney/ Digestion
30 – 39	9.0 (8.1)	Stress/Depres/Mhealth/ Fatigue	Other Musculo-skeletal problem	Stomach/Liver/Kidney/ Digestion
40 – 49	9.4 (10.2)	Stress/Depres/Mhealth/ Fatigue	Operations/Hospital treatment	Other Musculo-skeletal problem
50 – 59	10.0 (10.9)	Stress/Depres/Mhealth/ Fatigue	Chest & Respiratory	Operations/Hospital treatment
60 – 64	10.7 (10.0)	Stress/Depres/Mhealth/ Fatigue	Other Musculo-skeletal problem	Stomach/Liver/Kidney/ Digestion
65+	21.1 (11.3)	Stress/Depres/Mhealth/ Fatigue	Operations/Hospital treatment	Heart/ Bloodpressure/ Circulation

FTE Salary Band	Days lost per FTE (15/16)	Top reason for absence	2 nd Highest Absence Reason	3 rd Highest Absence Reason
Below £12,145	3.1 (6.2)	Stomach/Liver/Kidney/ Digestion	Infections	Other Musculo-skeletal problem
£12,145 – £14,999	0.0 (15.8)	N/A	N/A	N/A
£15,000 – £19,999	9.9 (10.7)	Stress/Depres/Mhealth/ Fatigue	Other Musculo-skeletal problem	Stomach/Liver/Kidney/ Digestion
£20,000 – £24,999	9.3 (9.0)	Stress/Depres/Mhealth/ Fatigue	Other Musculo-skeletal problem	Stomach/Liver/Kidney/ Digestion
£25,000 – £29,999	10.5 (11.7)	Stress/Depres/Mhealth/ Fatigue	Operations/Hospital treatment	Chest & Respiratory
£30,000 – £34,999	7.7 (8.4)	Stress/Depres/Mhealth/ Fatigue	Infections	Other Musculo-skeletal problem
£35,000 – £39,999	8.2 (4.6)	Stress/Depres/Mhealth/ Fatigue	Operations/Hospital treatment	Other Musculo-skeletal problem
£40,000 – £44,999	10.4 (10.3)	Stress/Depres/Mhealth/ Fatigue	Eye/Ear/Nose/Mouth/Dental	Operations/Hospital treatment
£45,000 – £49,999	11.9 (2.9)	Chest & Respiratory	Stress/Depres/Mhealth/ Fatigue	Neurological / Sickness Other
£50,000+	2.9 (3.4)	Operations/Hospital treatment	Infections	Other Musculo-skeletal problem

Stress Related Absence Profiles

Work Related Stress v Personal Stress

Group / Division	Work Related Stress				Personal Stress			
	Days per FTE 16-17	% of all Stress 16-17	Days per FTE 17-18	% of all Stress 17-18	Days per FTE 16-17	% of all Stress 16-17	Days per FTE 17-18	% of all Stress 17-18
Children and Adults	1.71	47.30	1.48	42.07	1.91	52.70	2.03	57.93
Adult's	0.20	6.92	2.79	48.12	2.71	93.08	3.00	51.88
Comm, Perf & Transformation	0.35	26.86	1.13	60.23	0.96	73.14	0.74	39.77
Children	3.96	65.49	1.24	31.84	2.09	34.51	2.66	68.16
Education	1.23	47.76	0.00	0.00	1.35	52.24	0.43	100.00
Public Health	0.00	N/A	0.00	N/A	0.00	N/A	0.00	N/A
Economic Growth	1.02	71.59	1.13	58.01	0.40	28.41	0.82	41.99
Economic Initiative	2.19	100.00	0.00	0.00	0.00	0.00	1.15	100.00
Highways, Design & Projects	0.05	11.90	0.25	19.87	0.38	88.10	1.01	80.13
Regulatory Services	2.07	75.80	3.23	90.35	0.66	24.20	0.34	9.65
NS&R	0.87	42.80	0.50	22.27	1.16	57.20	1.74	77.73
Community Services	0.72	31.48	0.39	31.15	1.58	68.52	0.86	68.85
Building & Housing Services	1.21	64.98	0.77	21.05	0.65	35.02	2.90	78.95
Finance, HR & Systems	0.44	22.57	0.48	39.00	1.50	77.43	0.76	61.00
Law & Governance	0.83	42.42	0.00	0.00	1.12	57.58	3.31	100.00
Strat, Perf & Communications	0.00	N/A	0.00	N/A	0.08	100.00	0.00	N/A
Total	1.21	47.34	0.94	35.29	1.35	52.66	1.73	64.71

Work Related Stress v Personal Stress

Females v Males

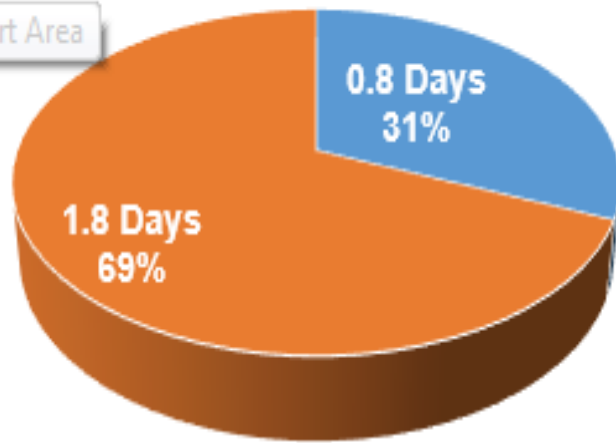
Female 2017 - 18

Male 2017 - 18

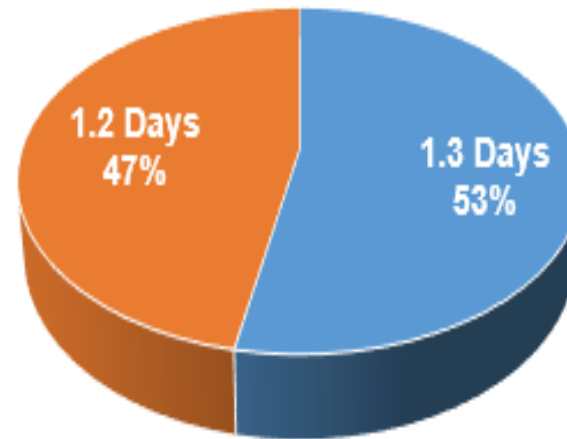
Work Related v Non Work Related Stress

Work Related v Non Work Related Stress

Chart Area



■ Work Related ■ Personal



■ Work Related ■ Personal

Profile Work Related Stress v Personal Stress 2017-18

Age and Gender Profile

	Female		Male	
	Work Related	Personal	Work Related	Personal
Age	% of all Stress	% of all Stress	% of all Stress	% of all Stress
16-19	0.0	100.0	N/A	N/A
20-29	4.9	95.1	95.9	4.1
30-39	16.4	83.6	40.8	59.2
40-49	33.1	66.9	43.3	56.7
50-59	25.8	74.2	73.1	26.9
60-64	33.3	66.7	56.1	43.9
65+	0.0	100.0	0.0	100.0

Stress related absence by quarter from 2014-15

